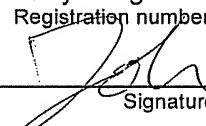


|   |            |   |          |
|---|------------|---|----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>                       |            | Docket Number (Optional)<br>3135 - 053021 |          |
| Application Number    10/552,549  |            | Filed    7/20/2006                        |          |
| For    "System and Method for Localizing Sports Equipment"  |            |   |          |
| Art Unit    2612  |            | Examiner    Jack K. Wang                  |          |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |            |   |          |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |   |          |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                   |          |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$130      | \$65                                      | \$    65 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490      | \$245                                     | \$       |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110     | \$555                                     | \$       |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730     | \$865                                     | \$       |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350     | \$1175                                    | \$       |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |   |          |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |          |
| <input checked="" type="checkbox"/> Payment by credit card.   |            |   |          |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |   |          |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number    23-0650         |            |   |          |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b> |            |   |          |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |          |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).                                    |            |   |          |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number    34,219  |            |   |          |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34  |            |   |          |
| <br>_____<br>Signature   |            | June 29, 2009<br>_____<br>Date            |          |
| John W. McIlvaine<br>_____<br>Typed or printed name   |            | 412-471-8815<br>_____<br>Telephone Number |          |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of    1    forms are submitted.

Doc. No.